



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333
Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name			Office:				
Michael Shaw			House	☐ Senate			
Mailing address  5 Penimeter Ave			District /O2				
City, zip code $3.5$ $6$			Phone 787-4352				
<u> </u>							
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER							
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.							
Name of Employer		Address		oe of Economic of Employer			
Antrak	Part 100 T	Land Maine 04/01 hompsen PT. Rd	Rail R	aad			
	· Press (da Diagno da Registantes en anta-a						
		RIVED FROM SELF-EMPLOYMENT rs who are self-employed.)					
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.							
Name and Address of Business Entity		Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)				
Name: Address: MONC		The state of the s	A THE REAL PROPERTY OF THE PRO				
Name:				met primitive de de personal version de la cilière de primitive de la committat de la cilièra de designation d			
Address:		AMERICAN	And the second s				
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PART 2 (continued). INCOME DERIVED FR (For Legislators) who are self-en		ENT		
B. List each source of income derived from self-employment that represents me greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	rson from whom you deriv	ved such income. If this form of		
Name and Address of Source	4	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income		
Name: Address: NDN2	Library			
Name: Address:				
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-				
List your major areas of practice. If associated with a law firm, list the major area	as of practice of your firm.	NEWS COMMUNICATION FOR STANDARD STANDARD AND AND AND AND AND AND AND AND AND AN		
Name and Address of Firm	Major Areas of Practic (self)	e Major Areas of Practice (firm)		
Name: Address: NONE				
Name: Address:				
	pografica de la companya de la comp			
PART 4. OTHER SOURCES C List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this	En la			
	iom. Do not include gitts.	II HONE, CHECK INE DOX.		
None  Name and Address of Source		Kind of Income (investments, leases, etc.)		
Name:				
Address: NONC		TERRETER FOR THE SECRET SEC		
Name: Address:	THE PARTY OF THE P			
PART 5. REPORTABLE LIA	BILITIES			
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you areas of economic activity of each creditor. Do not list credit card liability or loans	ou received during the reps from a relative. If none,	oorting períod, and list the major check the box.		
None				
Name and Address of Creditor		Principal Type of Economic Activity of Creditor		
Name:	TANAL TIPLET YANAA			
Address:		ann ann an Aireann an Aireann an Aireann an Aireann an Aireann an Aireann ann ann ann ann ann ann ann ann ann		
Name:	iedela Andreas			
Address:	<u> </u>			

PART 6.	REPORTABLE GIFT:		
List the specific source of each gift of more than \$300. Inclunone, effect the box.	ude gifts with an aggrega	te value of more than \$300 from a single source. If	
None	usitabishinnen erhat pressenen erhat erhophat engelytigt erholdskap in erholdskap in erholdskap in erholdskap		
Name of Source of Gift		Name of Source of Gift	
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Account in the control distribution of the control	to his horizonta anno e considerativo de la considerativo della considerativo de la considerativo della considerativo della considerativo de la considerativo della co		
PART 7. RE	PORTABLE HONORA	ARIA	
List the source of any honoraria accepted for appearances or	speeches related to your	legislative responsibilities. If none, check the box.	
None	Рамей («Андийна» («Андийна		
Name of Source of Honoraria	Comment of Child Photography of an electric company of the Child C	Name of Source of Honoraria	
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2.	Schwich vor the horse has a signification in manner and increase and an experience of the significant deposits and the significant d	Terricologo Anticologica como gio como como como como como como como co	
PART 8. REPRESENT	ATION BEFORE STA	TE AGENCIES	
List each executive branch agency before which you represe	nted or assisted others for	or compensation of any amount. If none, check the	
None	delikalish e esanak,		
Name of Agency		Name of Agency	
1.	3.	wane or nyency	
2.	4.		
PART 9. BUSINI	ESS WITH STATE AG	<b>ENCIES</b>	
List each executive branch agency to which you or a membe \$1,000 during the reporting period. If none, check the box.	of your immediate fami	ily sold goods or services with a value in excess of	
None	tillere til til till stort om til elle til som hör som men greg meg endig eg eg greg med på på på på på på på Tillere til tillere til till stort om til elle til som hör som men som til ende endig ende greg eg ende på på p		
Name of Agency	Million (M. Carpan) with the Market Andrews of Carpanian (M. Carpanian) and Andrews (M. Carpanian) (M. Carpania	Name of Agency	
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2.	¥ 4.		
PART 10. INCOME RECEIVE	D BY MEMBERS OF I	MMEDIATE FAMILY	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not in	of income represented.	ore received by your spouse or domestic partner or If your spouse or domestic partner received \$1,000	
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activit Representing Source of Income Received		
Name: Pascale Delsol Job Title: Teacher	1. Teaching	Spouse or 1. Sa (GP)	
Job Title: Teachast	<ol> <li>3.</li> </ol>	Domestic 2. Partner 3.	
	J.		
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic activity and the kind of income.	STEERINGERINGER WITH STORM OF CHINA OF BUILDING AND	Dependent Child	
activity and the kind of income.	And the residence control control and analysis and analysis of the state of the sta	Dependent Child	

any office, truste	fit or nonprofit corporation, fil teeship, directorship, or posit ted. If a family member lister	ition of any nature.	Indicate whether you	or a family held th	he position and wheth	ediate family held ner the position
None		<u> жене жалан алан алан арай артон от темперия де</u>	<u> </u>	WARTER COMPONENT OF THE PARTY O	The state of the s	AND THE RESERVE OF THE PERSON
	Organization/Business and Address		Title	Position Held By:	d Family Member's	s Compen- sated?
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				1-7-0	79	
	Signature	Services.	Date			
				<u></u>		***************************************
			NAL INFORMATIO			
Please provide the information	e any additional information you are providing.	on below (and on	additional sheets if	needed). Indid	cate the part or sec	tion number for
Part/Section Number						
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PART 11. OFFICER OR DIRECTOR POSITIONS